



SCHOOL FOR ENROLLED COMMUNITY HEALTH NURSES AND MIDWIVES
MANSAKONKO, LOWER RIVER REGION, THE GAMBIA

Tel: (+220) 5531324/9951091/3951091/7925591/6951091

Email: chnschool@gmail.com

APPLICATION FORM FOR GENERAL PROGRAM (CERTIFICATE)

(Complete the form in block letters)

ATTACH
PASSPORT
PHOTO

NAME OF APPLICANT:

ADDRESS: PHONE NO:

E-mail ADDRESS:

DATE OF BIRTH: SEX:

NATIONALITY: MARITAL STATUS:

TYPE OF APPLICATION: (Tick in the appropriate box) Public Private

EDUCATION BACKGROUND:

SCHOOL ATTENDED	FROM	TO	SUBJECTS PASSED AND GRADES
Senior secondary/High School	dd/mm/yyyy	dd/mm/yyyy	
Junior sec	dd/mm/yyyy	dd/mm/yyyy	

WORK EXPERIENCE (LIST BEGINING WITH MOST RECENT ONE FIRST):

EMPLOYER	FROM	TO	POSITION HELD	RESPONSIBILITY
	dd/mm/yyyy	dd/mm/yyyy		

BRIEFLY EXPLAIN WHY YOU WANT TO BE TRAINED AS AN ENROLLED COMMUNITY HEALTH NURSE: -

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.....
.....

IS THIS YOUR FIRST APPLICATION TO C.H.N SCHOOL? YES NO

DO YOU HAVE ANY HEALTH PROBLEMS THAT MIGHT INTERFRE WITH YOUR TRAINING?

YES NO

FOR INSERVICE APPLICANT’S ONLY: Are you confirmed at PMO? YES NO

PROVIDE THE NAMES OF TWO REFEREES (NOT RELATIVES):

	NAME	TITLE	ADDRESS	MOBILE NUMBER
1.				
2.				

NAME ANYBODY WHO IS PREPARED TO TAKE FULL RESPONSIBILITY OF MATTERS RELATING TO YOUR WELFARE:

NAME	RELATIONSHIP	ADDRESS	MOBILE NUMBER

DECLARATION: I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED ABOVE IS ACCURATE AND COMPLETE. IF OFFERED ADMISSION, I WILL FULLY COMPLY WITH THE RULES AND REGULATIONS OF THE SCHOOL.

SIGNATURE OF APPLICANT: **DATE:**

NOTE: *Shortlisted applicants shall be communicated to via their mobile numbers provided. All shortlisted applicants will be required to attend an interview in person and shall present original copies of documents attached and a valid results checker card(s).*